

<Date>

<Barcode> <Letter Code>

<Name>

<Address>

<City>, <State>, <Zip>

We cannot accept your application to join the FIDA program

Dear [MemberName; B-3]:

[MedicaidCIN; B-16]

Thank you for applying to the Fully Integrated Duals Advantage (FIDA) program. We cannot accept your application to join the FIDA program for the following reason:

[Print Reason text](#)

[Reason(s); B-9]

This action has been taken in accordance with Public Health Law 4403-f.

What you should know about this decision:

You will keep getting your benefits from the Medicare/Medicaid plan(s) you have now. The way you get benefits such as medicines, doctor and hospital visits, home care and nursing home care will stay the same.

You have the right to ask us to review our decision. If you still disagree, you have the right to appeal our decision.

You may ask New York Medicaid Choice and/or the State of New York to review this decision.

- If you disagree and would like to talk to someone about this decision, you may ask for a “conference.” A conference is an informal meeting in person or on the phone. At the conference, you may ask why New York Medicaid Choice made the decision. You may also provide more information and ask New York Medicaid Choice to look again at the decision.
- If you still disagree, you may “appeal,” or formally ask the state of New York to review the decision. To do that, you can ask for a State fair hearing.

Please read “How to Ask New York Medicaid Choice and/or the State of New York to Review This Decision” included with this notice. It has more information on how to ask for a conference and/or a State fair hearing.

If you decide to ask for a State fair hearing, please read, for more information, “You May Ask for a Fair Hearing within 60 Days from the Date of This Notice”, also included with this notice.

If you need help understanding this letter, if you have questions about differences between various Medicare and Medicaid programs, or if you have questions about your rights, please call the ombudsman office through the Independent Consumer Advocacy Network (ICAN) at the phone number on the last page of this letter.

Thank you,
New York Medicaid Choice

Questions?

New York Medicaid Choice

For questions about FIDA program and your Medicaid benefits

Call: 1-855-600-3432
TTY users: 1-888-329-1541
A free interpreter: 1-855-600-3432

Monday-Friday, 8:30 am – 8:00 pm
Saturday, 10:00 am – 6:00 pm

The call and the help are free.

Website: www.nymedicaidchoice.com

Medicare

For questions about your Medicare benefits

Call: 1-800-MEDICARE (1-800-633-4227)
TTY users: 1-877-486-2048

24 hours a day, 7 days a week

The call and the help are free.

Website: www.medicare.gov

Independent Consumer Advocacy Network (ICAN)

For questions about your rights

Call: 1-844-614-8800
TTY users: 711
A free interpreter: 1-844-614-8800

Monday-Friday, 8:00 am – 8:00 pm

The call and the help are free.

Website: www.icannys.org

English

This is an important document. If you need help to understand it, please call 1-855-600-3432. We can give you an interpreter for free.

Español

Spanish

Éste es un documento importante. Si necesita ayuda para entenderlo, por favor llame al 1-855-600-3432. Le proporcionaremos un intérprete gratuito.

繁體字

Traditional Chinese

這是一份重要文件, 如果您需要翻譯服務閱讀此文件, 請撥打電話至 1-855-600-3432. 該項服務免費。

Kreyòl Ayisyen

Haitian Creole

Sa a se yon dokiman enpòtan. Si ou bezwen èd pou konprann li, tanpri rele: 1-855-600-3432. Y ap ba ou yon entèprèt gratis.

Italiano

Italian

Il presente documento è importante. Per qualsiasi chiarimento può chiamare il numero 1-855-600-3432. Un interprete sarà disponibile gratuitamente.

한국어

Korean

이것은 중요한 문서입니다. 문서를 이해하는 데 있어 도움이 필요하시면, 연락해 주십시오: 1-855-600-3432. 무료통역이 제공됩니다.

Русский

Russian

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-600-3432. Переводчик предоставляется бесплатно.